

Sample Letter for DOC supplement reduction for Private Agency placements

Date

Foster Parent Name
123 Any Street
Any City, MI 48000

Dear Foster Parent,

Per our conversation on (date), the Determination of Care supplement for John Q will decrease from a Level II to a Level I. This change will be effective on (date—30 days after the completed assessment form is received by FIA).

I appreciate all of the hard work and the time that you have given to John in assisting him with his identified areas of need. It is in large part because of your commitment that John has been able to show so much progress over the past few months.

If you should have any questions or concerns regarding this change, please feel free to contact me at (999) 999-9999.

Sincerely,

Susie Smith
Foster Care Worker
Your Agency Name

cc: Case File